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ABSTRACT

An advanced graduate level course in family therapy, "Theories and Methods of Marriage and Family Therapy" is described in this document. It is intended to provide an overview of various perspectives, theories, and methods used in marriage and family counseling. Particular emphasis is given the delineation of the distinctions between and among not only various marriage and family approaches but also comparisons with individual and group counseling theories and methods. A combination of didactic and experiential approaches to learning and to practicing the course material is taken. The approach to learning is based on the integration of theory and practice through the use of experiential learning paradigms. Theoretical perspective provides structure for simplifying and analyzing particular situations and for implementing and adjusting interventions appropriately. The component of the class in which class members simulate family interactions and their counseling experiences is described in detail. It is asserted that a simulation of family interaction and family therapy can be a useful learning tool, although it takes time and effort beyond normal class structure. The report concludes that the potential and actual benefits to be gained from simulation from both learning and research are many. (ABL)

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Psychodramatic Family Simulation for Teaching and Research

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Presented at the Annual Meeting of the American Association for Counseling and Development

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Abstract

Sociometry--including Psychodrama, Social Atom Theory, and Role Theory--by its very nature is the perfect vehicle for teaching family therapy. The content to which it usually relates, the techniques it provides and both the control and flexibility it offers in producing real and vicarious experiences, weds the Psychodrama component, in particular, to family dynamics. A simulation of family interaction and family therapy used in teaching the "Theory and Practice of Marriage and Family Therapy" course in the Counseling Psychology Program at the University of Kentucky is described. Based on evaluation data, suggestions for structuring family simulations are presented.

Family Therapy Inside-Out

Almost every classical psychodrama has at its core early family interactions. In many ways psychodrama is family therapy; psychodrama *in vivo* was the first real family systems work (Remer, 1988). As early as 1945 Moreno did what was equivalent to structural family therapy with his own family (Moreno, 1985; Moreno & Moreno, 1975) and also extended marital therapy, bringing in all parties involved (Moreno, 1985; Moreno & Moreno, 1975). Sociometric theory, of which psychodrama is a large component, provides many effective tools to deal with family problems at the systemic level (Remer, 1988; Sherman & Fredman, 1986).

The richness and diversity of Sociometric Theory makes it applicable far beyond the family situation. Psychodrama is also an excellent method to provide flexible challenging learning experiences, situations not perhaps met in one's real life. Another component, sociometric role training (Blatner, 1986) is an excellent medium for teaching role flexibility and role expansion, two abilities useful for coping with life and absolutely necessary to being an effective therapist.

Given these facts psychodrama and sociometry, logically can contribute to training experiences in family therapy. In this article, the course in family therapy taught in the Department of Educational and Counseling Psychology at the University of Kentucky is described. Morenean Sociometric Theory--Psychodrama, Sociometry, Role Theory and Social Atom Theory--was integrated throughout the course. Of primary interest here, it served to structure the primary learning experience, forming a family unit which participated in a therapeutic situation.

The Course Description

Purpose of the Course

The course is entitled: Theories and Methods of Marriage and Family Therapy. It is intended to provide an overview of various perspectives, theories and methods used in marriage and family counseling. Particular emphasis is given the delineation of the distinctions between and among not only various marriage and family approaches but also comparisons with individual and group counseling theories and methods. A combination of didactic and experiential approaches to learning and to practicing the course material is taken.

As in many of the advanced level techniques courses offered in the Counseling Psychology Program, the approach to learning employed is based on the integration of theory and practice through the use of experiential learning paradigms. Theoretical perspective provides structure for simplifying and analyzing particular situations and for implementing and adjusting interventions appropriately; the experiential aspect helps clarify the theory.

Prerequisites

A basic familiarity with some counseling theory and/or practice is assumed. This background knowledge serves as a basis for the exploration of this particular counseling focus, i.e. family therapy approaches.

Approach to Learning

The course described is an advanced graduate level offering-Theory and Techniques of Marriage and Family Therapy. Prerequisites ensure that most students have preliminary therapy skills training (at least two courses in individual therapy and one in group techniques). In addition, most students have already had at least one practicum experience. The composition is a mix of masters and doctoral trainees, most of whom have some practical

experience. They are mature learners, used to dealing with a degree of ambiguity and to acting independently.

Objectives

There are three main objectives:

1) To provide a theoretical/didactic understanding of relative strengths and weaknesses of the theories and methods involved in marriage and family approaches to therapy. (Comparisons are made to each other and other intervention modalities.)
2) To explore the impact of these perspectives both personally and in potential clients.
3) To develop some minimal basic facility with the use of some of the theories and methods (including particularly the ethical/professional considerations involved in their use and/or contradictions thereof).

Class composition

The class size is twenty. Students are drawn from different disciplines. While primarily those interested in specializing in Counseling Psychology (seeking certification on licensure as psychologists) or in Family Therapy (seeking AAMFT certification), students also come from clinical psychology, nursing, social work and law (particularly those emphasizing family law). The mix makes for worthwhile cross disciplinary exchange and can prove challenging. A basic knowledge of counseling skills (e.g. listening, interviewing, confrontation and relationship building skills) and theories is presumed. However, in some cases, (most notably the law students) strict adherence to the prerequisites has been waived.

Most students who take the Marriage and Family Course have already been accustomed to this type of approach to some degree. Also, a number have had

training in psychodrama and roleplaying. This latter group enhance the effect of the family simulation: first, by their direct experience with psychodrama and its unique reliance on and basis in family dynamics; second, by providing modeling, instruction and support for those less practiced.

The simulation of family interaction and therapy employs psychodrama as a learning tool (and coincidentally as one family therapy perspective). The experience is designed to capitalize on the power of the psychodramatic method.

Requirements and Grading Procedures

Since the course is a graduate level offering, the grades assigned are "A", "B", "C" or "I". A "C" grade is used only for severely deficient participation and/or not completing an "I" within the time agreed upon between the student and the instructor. To earn an "A", students choose to complete an additional project (a combination of in-depth theoretical exploration and experiential application), by negotiating an individually designed contract with the instructor.

Requirements include:

1) Participating actively in class, including prompt, regular class attendance (we have 2 1/2 hours per week and the class is a combination of workshop, laboratory, and lecture, in that order).
2) Observing three actual marriage or family therapy sessions. Submitting a 1-2 page critique of each.
3) Scoring at a predetermined criterion level on a take-home final examination.

process. Still, given the spontaneity engendered by psychodramatic enactment, learning is not rote and approximates the variety and unpredictability of actual family interactions.

Fourth, the simulation itself provides a tool and includes interventions which can be used in doing therapy. Looking at the simulation as an enactment and applying psychodramatic/sociometric theory to analyze the simulation teaches the application of the theory to the family context. For example, concretization and/or mirroring of family dynamics and sociometry can be taught (a la Satir, 1972) or family structure can be manipulated through role-assignment, role-training and role-reversal (a la Minuchin, 1974).

Finally, though certainly not least, spontaneity training inherent in effective psychodramatic enactment is taught. If there are any traits which it is necessary to enhance in a family therapist, they are tolerance of ambiguity and flexibility in coping with unpredictable situations. Adapting to others' reactions in the simulated, safe circumstance allows just such development.

To see how these gains can be derived, it is helpful to examine a specific structure designed to utilize psychodramatic enactment in a simulation. In the next section the structure of the simulation is presented. Included are: what instructions were given, what information was collected and how the information was processed and used.

Structure of the Simulate Family Experience

A "best case" scenario for structuring a family simulation is presented here. The optimal circumstances are not always attained, usually because there are not exactly twenty students. However, just such a situation is described. Relating the experience of one specific class both provides an

example of how to structure and allows the reporting of the evaluation data collected.

In this particular class, five approaches to family therapy were compared: Structural, (Minuchin, 1974), Strategic (Haley, 1963), Behavioral (Patterson, 1975), Communication (Satir, 1967; 1972) and Experiential (Keith & Whitaker, 1982). Each approach was applied to the same family situation to induce as much similarity as possible, a condition not usually met in research or training situations with families.

Twenty students were randomly assigned, in a stratified manner, to five families. The families of four members were 3 females and one male. Also each group had at least one member with psychodrama experience. Each group was given the same description of a family problem (from Ann Landers--see Table 1) around which to develop roles and family interaction patterns. The number and length of interactions and purpose for interaction were standardized. Students were instructed to meet for one hour per week for seven consecutive weeks to interact as a family with the problem mentioned. During weeks 4-6 the students were directed to meet with a "therapist" for 1-1 1/2 hours. Instruction was given in role-taking, role-playing and role-expansion. This was the entire structure supplied to each "family".

Insert Table 1 here

"Therapists" were six advanced doctoral students all of whom had had training in family therapy techniques and at least one practicum in their application. They were assigned to a theoretical approach according to their chosen orientations and their experiences. Two were co-therapists for the Experiential Approach (Napier & Whitaker, 1978).

Each "family" met one hour per week for seven consecutive weeks to experience family life. At the end of each session the members filled out evaluations (Family Interaction Logs). In these logs they recorded: 1) a description of the interaction, 2) reactions to self and others (in role), 3) any changes noted and reactions (out of role), 4) the name of the student, and 5) the role played (consistent throughout the simulation). These were collected each week. This procedure was implemented not only to gather necessary data but to allow family members and therapists to derole.

After three interaction sessions, the families went for therapy. They met with the therapist, to whom they were randomly assigned, for the three weekly one to one and a half hour sessions. These therapy sessions were in addition to the seven family interaction sessions and were scheduled between the interaction sessions. Similar to the family interaction evaluations a therapy (Family session) evaluation was completed after each session. Each of the family members and the therapists recorded: 1) the role played, 2) session number, 3) student's name, 4) description of session, 5) reactions (in role) to counselor, to other family members and to self, 6) reactions (out of role), 7) ability to take role, and 8) techniques used in the session. Again, these evaluations were collected each week. Also the second, "most typical", therapy session, was videotape recorded. It was considered "most typical" of the techniques/interventions normally employed in a given family therapy approach allowing the first session for assessment/joining by the therapist(s) and the last session for closure and consolidation of gains.

After the completion of the family enactment phase, all logs were returned to participants. Retrospective auto-analysis (reflective analysis much like Interpersonal Process Recall (IPR), Kagan & Schauble, 1969) was used. Each student did a Summary Evaluation of "Therapy". The evaluation

included: 1) role taken, 2) interventions and their results, 3) reaction (from role) to the counselor, to other family members and to self, 4) reaction (out of role) to the counselor, to other family members and to self and 5) assessment of the experience for learning and research purposes. Each person then reviewed the notes he/she had written to reflect on the realism of the enactment and to evaluate the usefulness of the entire process for research and for learning purposes. They could also add any comments or reactions they wished. These accounts and analyses were then content analyzed.

During the enactment phase, both before and after the "therapy", each "family" member took the Family Environment Scale (FES) (Moos, 1974). Individual scores were plotted on profile sheets and family discrepancy scores, pre- and post-treatment, were calculated according to the instruction in the manual (Moos, 1974). The pre- results were made available to the "therapists" if they were requested (consistent with the orientation being used). The pre-post profiles were analyzed for changes which would indicate the effectiveness of the therapeutic interventions.

Based on the descriptions of the characteristics of each of the five theoretical orientations and the behaviors manifest by the practitioners of each (Goldenberg & Goldenberg, 1975; Levant, 1984; Okun & Rappaport, 1980), an item checklist was compiled. The characteristics and behaviors were randomly ordered to remove any systematic presentation bias.

Using the videotapes, the five "therapy" sessions were observed and, using the item checklist, rated by all students for the absence or presence of each characteristic and/or behavior. The viewing and ratings were used as a basis for discussion of different theories and comparisons between and among them. It also allowed addressing the problems involved in learning and implementing family therapy approaches.

The Effectiveness of the Simulation

How realistic is a simulation? Does the family "feel" like a family? Are interactions similar to those which actually occur? How close to a real therapy situation can one come? These and other similar questions deserve answers.

A large amount of information was generated during the simulation. Some of the data clarify the situation, indicating the weaknesses and the strengths of the simulation.

Two sources of data are particularly pertinent, the information collected through the retroflective auto-analysis and the data from the course evaluation. The ratings of the second therapy session tapes and the pre-post changes in the FES also provide some insight into the process and food for thought. They do not, however, bear directly on the effectiveness of the simulation.

Retrospective-Auto-analysis Results

The students had an opportunity to examine, analyze and synthesize the reactions they had recorded in their weekly logs. All materials were returned. Students were then asked to reflect on those logs entries and, thinking back using the entries as stimuli, to evaluate the entire experience. They were asked specifically to address three questions, in addition to indicating what they had learned in general:

1. How close did the simulation come to an actual family? Did those involved react as family members would? Did the family "feel" like a real family?
2. Was the simulation a useful learning experience?
3. Would the simulation contribute to techniques for doing research on families and family therapy?

Although some flaws and problems were indicated, the group was unanimous in indicating that the simulation was successful in regard to all three questions. The main reservation expressed was about the lack of an "in depth" family history, particularly a multi-generational underpinning. However, even the most skeptical of those in the group thought there were aspects of the simulation from which they benefitted.

The subjectivity of this evaluation makes it suspect. To gleen some idea of the actual effectiveness of the simulation without all the social and role pressure biases inherent in this evaluation structure, a content analysis of all the weekly family and session logs was undertaken. Each folder of the materials, recollected after the auto-analysis, was rated by two judges.

Statements were examined for indications of realism (or lack thereof). Comments such as "I felt relieved when mom and dad stopped yelling at each other." or "I could have strangled Joanie (sister)." as well as direct statements about realism of portrayal were rated as "+". Others such as "I couldn't get into role" or "Betty wasn't like a real mother." were rated "-".

There was some initial confusion in the ratings. Two judges rate comments of the type "I got so angry I wanted to cry." as "-" because it was a negative comment. However, after correcting this misconception by reviewing the definition of positive and negative as they referred to the content being rated and having the judges rerate the responses, the interrater agreement was 95.5% (prior to the explanation it was 77.9%)

There were a total of 420 comments rated. The results are presented in Table 2.

Insert Table 2 here

There were 42 responses which could not be categorized as positive or negative because they were not understandable, did not related to the simulation, were neutral or because they lacked judges' concensus. Including these responses, over 75% of the comments indicated the simulation was realistic. When the neutral or not ratable responses were excluded this figure increased to over 80%.

Standard Class Evaluation

The Standard Class Evaluation also indicates the positive value of the experience. While not an unqualified endorsement, the ratings are generally in the range of "good" to "excellent". Keep in mind that the evaluation is of the entire course and not only of the simulation. Selected questions and responses to them are presented in Table 3 and relevant student comments in Table 4.

Insert Tables 3 & 4 Here

Two observations are of interest regarding students' comments. First, even though some students considered the simulation a farce initially ("fake families"), they "grudgingly" admitted its value. Second, those students who desired standard structure and direction from the instructor (traditional learning) had a more difficult time deriving benefit from such a simulation (innovative learning).

Finally the FES results (reported elsewhere, Author, 1989*) showed a large number of changes in the perceptions of the family members. What these changes mean is difficult to say, because of the large number of data and the complexity of the situations. Still they have heuristic value. Similarly, the ratings of the tapes of the second therapy sessions provided not only a

*Should this manuscript be published the actual citations will be added. To

focal point for discussion but also information concerning the delivery of family therapy interventions from different orientations and their relative effectiveness. Reliabilities of ratings and correlations of observed therapist behaviors with theoretically expected therapist behaviors are reported elsewhere. (Author, 1989*)

The Role of Psychodrama in Teaching Family Therapy

Psychodrama can be a powerful teaching tool in general and in experiential education in particular. Its effects are multiply enhanced in teaching family therapy.

First the content of many dramas, particularly classical enactments, have at their core family interactions. Enactments allow others to see, to experience and to understand those interactions in a way neither explanation nor description can ever approach. People can experience or re-experience the "realities" of their families. Others can also experience families of which they never could (or might never want to) be part in real life. Thus range and richness, which can contribute to the development of therapists, is expanded.

Second, by virtue of psychodramatic process--role-taking, role-playing and role-expansion--provide a vehicle for pooling resources to enhance learning. Those familiar with the process and techniques can teach and model. Their spontaneity can free the spontaneity of others to produce a synergistic effect. Students can learn much more from and about each other and themselves than they ever could from one professor, particularly through lecture, no matter how well informed or prepared that professor is.

Third, psychodramatic simulation, allows for control over the situation not possible in actual families. One is able to induce a specific family structure (to some degree), introduce a common "presenting problem" and manipulate certain therapeutic variables (e.g. number of family members

present). Moreover, the interactions can be taped, altered in situ, chronicled, analyzed and compared as no actual family interaction or therapy ever could be. Participants can be both objective and subjective; examine the situations from both inside and out. All this can be accomplished in a safe, control-risk situation, made so by knowledge and application of psychodramatic process. Still, given the spontaneity engendered by psychodramatic enactment, learning is not rote and approximates the variety and unpredictability of actual family interactions.

Fourth, the simulation itself provides a tool and includes interventions which can be used in doing therapy. Looking at the simulation as a psychodramatic enactment and applying psychodramatic/sociometric theory to analyze the simulation teaches the application of the theory to the family context. For example, concretization and/or mirroring of family dynamics and sociometry can be taught (a la Satir, 1972) or family structure can be manipulated through role-assignment, role-training and role-reversal (a la Minuchin, 1974).

Finally, though certainly not least, spontaneity training inherent in effective psychodramatic enactment is taught. If there are any traits which it is necessary to enhance in a family therapist, they are tolerance of ambiguity and flexibility in coping with unpredictable situations. Adapting to others' reactions in the simulated, safe circumstance allows just such development.

Conclusions and Recommendations

A simulation of family interaction and family therapy can be a useful learning tool. It is not without its drawbacks, however. It takes time and effort beyond the "normal", traditional class structure. To promote optimal effectiveness a balance between no structure and too much must be struck to encourage the greatest degree of spontaneity.

A simulation of the type employed here--long term and in-depth--will work best with students who have some actual in vivo or role-playing experience already. Whether the return is worth the investment is hard to judge on an individual basis. Some students, those who are willing to take more personal responsibility for their own learning, will not only benefit but also enjoy the experience; others, those who are used to traditional class structure, will have to overcome that bias first to derive as much gain. Mixing the two types of students and providing some in-class training, particularly in the context of other, more traditional demonstrations will help.

An additional, perhaps secondary benefit, as far as the students are concerned, is the potential for doing research on family therapy. Each class provides a new set of "families" to observe. Each simulation can be structured to examine different aspects and variables. The same situation can also be replicated with more control than would be possible in doing research on actual families.

Are these "real" families? Are these "real" family interactions? Is this "real" family therapy? Yes and no. What is "real?" Although the questions of "non-reality" will never be completely answered, these simulations may be as "real" as any one family is "real" as compared to another family, or as one family therapy situation is to another such situation.

One conclusion can be reached, however: the potential and actual benefits to be gained from simulation from both learning and research are many.

Table 1

Ann Landers Syndicated advice columnist

Dear Ann:

My husband and I are at the rope's end. Please advise what to do with our daughter. She is our only child and soon will be 12 years old. The girl is very pretty and does above-average work in school.

All we ask is that this child straighten her room, make the bed and wash the dinner dishes. She doesn't talk back--in fact, she is quite pleasant--but she simply refuses to do her chores.

We have restricted her TV, playtime and allowance, grounded her, refused to let her use the telephone--nothing seems to work. The bed stays unmade, clothes heaped up all over her room and books and papers scattered everywhere. The dishes stay unwashed two days in a row and then I have to do them, because I can't stand it anymore.

Any suggestions you have will be might welcome.--Going nuts in LaJolla

Table 2

Results of Content Analysis of Log Entries

Responses Rated Realistic		Responses Rated Unrealistic		Responses Rated Neutral or Not Ratable		TOTAL
f	%	f	%	f	%	f
318	75.7	60	14.3	12	10.0	420
318	84.1	60	15.9	--	--	378

Table 3
Standard Course Assessment

Item Descriptor	Quality Ratings*				
	Much Less than Other Courses	Less Than Other Courses	About the Same as Other Courses	More than Other Courses	Much More than Other Courses
Laboratory Experiences	0	0	12	25	63
Out of Class Assignments	0	25	25	38	13
Organization of Course Activities	0	12	63	25	0
Initial Enthusiam for Course	0	0	13	12	75
Level of Effort Expended	0	0	38	13	0
Level of Difficulty	13	12	50	25	0
Amount of Work Required	0	12	25	38	13
Makes Subject Clear	0	25	25	37	13
Develops Creative Capacity	0	13	13	63	13
Makes the Course Exciting	0	25	13	38	25
Accomplishes Course Objectives	0	12	25	25	38
Uses Examples to Help Clarify Material	0	0	12	38	50
Encourages Student Participation	0	0	12	25	63
Promotes Questions and Discussion	0	0	0	25	75
Overall value	0	12	25	38	25

*In contrast to other courses taken

Table 4
Selected Student Comments from Course Evaluation

What do you feel were the strong points of the course that should be retained?

----Openness to variety of ideas/differences in marriage/family lifestyles & willingness to present differing non-traditional couple's viewpoint. Simulated family meetings/therapies; class discussion potential w/videotaping presentations

----some value from fake family

----Extra, out of class activities, Crosby books, Readings on blended families

----Openness to discussion, friendly atmosphere, workshop requirement

----I liked the overall experential nature of the course.

What do you feel were the weak points of this course that should be changed?

----Think that the course could have been more organized. I would have liked an increase in the amount of didactic work

----Lack of structure & direction bothered me at first, but it all turned out OK & required I take initiative - a good thing! Would like more specific reading assignments.

----Class size too large

----Too much time involved in fake families. Lectures objective not clear much of time. Would have liked more indepth discussion of the various theories.

----Loose, slow-paced lectures, lack of indepth class lectures & discussions major concepts touched upon (good!) & I'd like more....

In what ways or areas has this course helped you?

----I've learned a lot about therapy orientations, which has also helped in other classes.

----This course has helped me to learn a little bit about family counseling. It has also helped to stimulate thought about my interest in family counseling.

APPENDIX

Nichols, M. Family therapy

Erickson, G. & Hogan, T. Family therapy: An introduction to theory and technique.

Abels, B. & Brandsma, J. Couples therapy.

Blumstein, P. & Schwartz, P. American couples.

Crosby, J. Illusion and disillusion in marriage.

Egan, G. The skilled helper.

Weiss, I. Marital separation.

Satir, V. Peoplemaking.

Satir, V. Conjoint family therapy.

Okun, B. & Rappaport, L. Working with families: An introduction to family therapy.

Goldberg, I. & Goldberg, H. Family therapy: An overview.

Patterson, G. Families: Applications of social learning to family life.

Patterson, G. Reid, J. Jones, R. & Conger, R. A Social learning approach to family intervention.

Haley, J. Strategies of psychotherapy.

Haley, J. Problem solving therapy.

Bach, G. & Goldberg, H. Creative aggression.

Bach, G. & Deutsch, R. Pairing.

Bach, G. & Wyden, P. The intimate enemy.

Stewart, J. & D'Angelo, G. Together.

O'Neill, N. & O'Neill, G. Open marriage.

Miller, S. Nunnally, E. & Wackman, D. Alive and aware.

Zuk, G. Family therapy: A triadic based approach

Sherman, R. & Fredman, N. Handbook of structured techniques in marriage & family therapy

Walzlawick, P., Weakland J. & Fisch R. Change

Miller, S., Wackman, D. Nunnally E. & Saline, C. Straight talk

Levant, R. F. Family therapy: An comprehensive overview

Minuchin, S. Families and family therapy

Madenes, C. Strategic Family therapy

Keith, D. V. & Whitaker, C. A. "Experiential/symbolic family therapy."

Napier, A. T. & Whitaker, C. A. The family Crucible

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